

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

December 13 1980

**Vichy add to
chemist-only
distribution
arrangements**

**Protest goes
to IBA over
sanpro ban**

**Families
spend more
on medicines**


**Nine new
PSGB Fellows**

**Contraceptives
SPECIAL
SUPPLEMENT**

More and more people are using Sunsilk.



Sunsilk - constantly the best-selling hair care range.

 Elida Gibbs

NEW **stick up**
SPRING
FRESH



Two years after launch, Airwick **stick up** is again the brand leader in the solid air freshener market.*

And Beecham intend to keep it that way with the introduction of a brand new fragrance, Spring Fresh.

The launch of Spring Fresh will be supported by £300,000 on television in the New Year. That's why they'll stick to their **stick up**.

Why they'll stick with Stick Ups

Now a big money-off promotion.

Beecham are giving "7p off next purchase" on all **stick up** fragrances and refills to make sure they keep coming back for more.

So stick to your **stick ups**.
They will.

**BEECHAM KNOW HOW
TO MARKET
AIRWICK KNOW-HOW**



CHEMIST & DRUGGIST

Incorporating Retail Chemist

December 13 1980

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COMMENT

Media medicine

The reporting of medical events is currently the subject of much controversy, especially since the "Panorama" programme on brain death, broadcast in October.

Although Panorama was quite extensively discussed during a Medico-Pharmaceutical Forum symposium held last week on "Medicine and the media", it was not specifically included in the programme. Presumably this was because the organisers either felt the subject was too complicated to be covered in a 15-minute presentation or that there were enough problems needing discussion without it!

The specific topics covered by the symposium were Debendox, whooping cough vaccines and interferon. These three have received very different treatment from the media. Debendox has been subjected to a concerted campaign against it, mainly from the Sunday Press (a campaign which has surely gone against the consensus of current medical opinion); whooping cough vaccination has been falling-off ever since 1974, when adverse publicity followed medical reports of neurological side effects, and the possible use of interferon in treating cancer has been reported in such a sensationalist and unrealistic manner by some sections of the media that the public has been given false hopes—unfortunately, the opportunity to stress the difficulties of medical research have been largely missed here.

Undoubtedly the media can have a tremendous effect on public opinion, and both directly and indirectly on government. During the symposium, Dr Gerard Vaughan, Minister for Health, pointed out that the Government came under great pressure to intervene over Debendox; he had gone back to the Committee on

Safety of Medicines twice to ask if they were sure about their conclusions. Even then he was under pressure to intervene, but felt unable to do so in the face of the CSM's thrice-given approval.

What did the media representatives have to say? Dr Elaine Potter, the journalist who covered the Debendox story for the *Sunday Times*, hardly met criticism that the *Sunday Times* had not mentioned a recent paper in the *British Medical Journal* (which found no relation between congenital malformations and the use of Debendox) when she said that she had covered the story for *The Times* and did not wish to duplicate it.

The reporting of Debendox has affected mainly only one company. But who worries about the problems of a multi-national—the public would probably find it harder to stomach the tragic stories of parents offering to sell their houses if this would buy interferon to treat their children.

However it is all too easy for health professionals to criticise the lay Press. Several speakers at the symposium said they thought most medical reporting was responsible and accurate. Also, the pharmaceutical industry is not entirely blameless. Large Press conferences to announce the latest drug "discovery"—sometimes even before the drugs are on the market and before pharmacists have been informed—are unfortunately too common. Perhaps the industry should tighten up on some of its own publicity machinery before it too readily criticises that of others. ■

Extension of CRC scheme from March

The Pharmaceutical Society's voluntary scheme for the use of child resistant containers for dispensed medicines is to be extended to cover all oral solid dose preparations as from March 2, 1981. Council agreed the date at this month's meeting and will issue a further statement before the scheme comes into effect.

The Minister for Health has given his approval to the extension of the scheme and has agreed to his Department producing showcards for all pharmacist contractors. The Pharmaceutical Services Negotiating Committee is negotiating an interim updating of the container allowance to coincide with the start of the extended scheme and the National Pharmaceutical Association will distribute the showcards to its members towards the end of January. ■

Families spend more on medicines

The average family expenditure on medicines and surgical goods per week during 1979 was 46p—a 58 per cent increase on 1978 when expenditure fell by 1p to 29p. Allowing for inflation the "real" growth is 34 per cent, although allowance must be made for the latter six months of 1979 which carried the increased (45p) prescription charge.

The 46p spent represents 0.58 per cent of an average family's total expenditure of £94.17. Average net income for the same period was £120.45.

Spending on toilet requisites, cosmetics etc, averaged £1.12, a 29p increase on 1978 representing a 35 per cent lift—14 per cent in real terms. Expenditure on optical and photographic goods more than doubled to 65p, from 31p in 1978.

For the two year period 1978-1979, the highest spending region on medicines and surgical goods was Greater London at 37p per week, and the lowest was Scotland at 26p. For toiletries, and cosmetics etc, expenditure was highest again in Greater London at £1.04, and lowest in Wales—82p. In optical and photographic goods the south east led

the field at 55p and Northern Ireland spent the least at 17p.

Medicines and surgical goods include: NHS charges for prescriptions, appliances and spectacles; medicines, lotions, surgical goods, dressings and appliances (not NHS). Toilet requisites, cosmetics, etc include: cosmetics, toilet soap, toilet paper, shaving soap, razors, toothpaste, toothbrushes and hair brushes etc. *Family Expenditure Survey 1979, HMSO £10.50.* ■

Chemist 'used factory to make illegal drugs'

A research chemist used a factory laboratory to produce drugs which were sold on the streets by a rock group singer, a court heard last week.

Anthony Calvert used the laboratories of Gillette Industries to make amphetamine sulphate worth thousands of pounds on the black market. At Reading Crown Court, Calvert, 36, and his partner in the drugs ring, 33-year-old Barry Godden, a production manager at the Reading factory, were both jailed for 30 months. Calvert, of Langley Hill, Reading, and Godden, of Cowper Way, Reading, both pleaded guilty to two charges of producing amphetamines and two charges of supplying them. They both further admitted the theft of chemicals from the company.

David Jagger Minty, 26, of Elm Park Road, Reading, pleaded guilty to three charges of supplying the drug and a charge of possessing it with intent to supply. He was also jailed for 30 months.

Mr Richard Latham, prosecuting, said it was estimated that up to 900g of the drug were produced in the laboratory and sold at street level for up to £12 per g in powder form. Questioned by police, Godden said he and Calvert made about £4000 each from the scheme.

Mr Nicholas Browne, defending Calvert, said he had worked for Gillette for 15 years and was a thoroughly competent professional scientist. "The consequences of today's proceedings mean his career is ruined for ever. This man was utterly naive. He was a research chemist delving in a substance

of whose devastating effects he was absolutely ignorant."

Passing sentence, Judge Christopher Lea told Calvert: "It is almost beyond belief that you could have prostituted your skills to produce a dangerous drug." ■

Call for practice research papers

Contributions to the 1981 BP Conference practice research session are now being invited. The communications, of up to 1,200 words and relating to the "social, economic, scientific or technological aspects" of pharmacy practice, will be presented at Conference on September 15—this year's venue being the University of Sussex, Brighton.

The C&D Award—a silver medal and this year a monetary award of £75—is made to the presenter of the paper judged by the adjudicating panel to be of the best quality and presented in the best manner.

Intending contributors should apply to Miss C. A. Jeffreys, Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN. Communications are required by May 13, 1981. ■

NPA and DITB join forces in training

The National Pharmaceutical Association is to encourage its members to institute training schemes for their staffs.

With the co-operation of the Distributive Industry Training Board, NPA will next year add a new section to the existing staff training course. This will be "structured to meet the needs of assistants in retail pharmacy and those responsible for their training"—and is the outcome of a previously-updated pilot scheme. A full-time training officer will be appointed, funded fully for the first year by DITB, and self-financing in 5 years.

Meanwhile NPA is arranging a series of seminars and courses—such as those, already popular, on stoma care, security and truss fitting. Further information is available from the management and training officer, Mr B. Maclaren Rusling, at St Albans (0727 32161). ■

Nine new PSGB Fellows

The following have been designated as new Fellows of the Pharmaceutical Society:

For distinction in the practice of pharmacy

Robert I. Cooper, Lancs

John T. Dawe, Merseyside

Lawrence J. Peatfield, Notts

Robert G. Smith, Croydon

For distinction in the profession of pharmacy

Pamela M. Cox, Notts

Arthur Long, Ches

Eric C. Thonger, Birmingham

For distinction in the science of pharmacy

John D. Phillipson, London

Gordon A. Smail, Glasgow

Society introduces 'ag & vet' diploma

The Pharmaceutical Society is to introduce a diploma in agricultural and veterinary pharmacy next year, the Council agreed at this month's meeting.

The diploma will be awarded to pharmacists who complete a required course of instruction to the satisfaction of a panel of assessors appointed by the Council. The course, which would normally be completed in 12 months, will include two residential periods of instruction—one on crop protection, legislation and hygiene and the other on animal health and husbandry—each consisting of at least 30 hours and together totalling 12 to 14 days. Other elements of the course will be the submission of a written project or dissertation and private study of subject matter defined in the syllabus. ■

Protest to IBA over sanpro ban

Mr Harry Wale, marketing director of Johnson & Johnson has written to the International Broadcasting Authority and Lady Plowden, "asking that they consider more fully, both qualitatively and quantitatively, all the facts at their disposal in relation to the recent IBA ban on sanpro advertising."

Mr Wale told *C&D* that while he respects the decision, and the sincerity of the objectors, he does not regard the matter as closed. He points out that there are now only three countries where sanpro cannot be advertised on television: Eire, South Africa and now



"Between you and me it's not an easy role—in fact many people have no conception"

because of the IBA ban, the UK.

Two other major sanpro manufacturers, Kimberly-Clark and Lilia-White, said that they too had not been consulted or informed of the date of the decision. The marketing manager for Kimberly-Clark, Mr Mike Fann said that "he was not surprised by the IBA decision but was disappointed that as advertisers his company was consulted by neither the IBA nor the Independent Television Contractors' Association who conducted the experiment."

For Lilia-White, Philip Barnes pointed out that they were the first to advertise sanpro on television in 1970 and in view of the adverse reaction experienced then, the decision was "no surprise and they were relaxed about it."

A spokeswoman at the IBA said that "before reviewing an advertising code the Authority had in law, a responsibility to consult only the Advertising Advisory Committee and this had been done." They were, she said, required to ensure that good taste and decency were not offended.

Kimberly received over 100 letters of complaint which they sent to the IBA. They considered them to be "reasonable letters from reasonable people, resenting an intrusion of an essentially private subject into family viewing time."

On the value of television as an advertising medium for sanpro, the three companies had this to say: — "I have doubts about the cost-effectiveness of television."—Lilia. "A valuable but expensive way of getting a name known." Kimberly. "An excellent medium, particularly when introducing a new product with new benefits."—J&J.

All three companies say they are looking with interest at local independent radio for future advertising campaigns. J&J are currently test marketing their Assure tampon, using local radio in the Swansea and Ipswich areas. ■

Westminster Report

PSNC initiatives

"Malicious, mischievous, and completely and totally untrue." So said Dr Gerard Vaughan in response to rumours that the Government had been considering withdrawing the charges exemptions for pensioners.

The Pharmaceutical Services Negotiating Committee, who brought the attention of MP's, the Press, Age Concern, and Help the Aged to this matter, were unable to say whether their efforts had influenced Government thinking.

Mr Moyle backed up another PSNC initiative in calling the charges a tax when he referred to it as a tax which was "doubly regressive and a poll tax." He went on: "Regular increases in prescription charges are a preparation for a system under which people receive the health care they can afford, rather than the care they need." ■

Gross profit

Mr Mike Thomas (Labour, Newcastle upon Tyne, east) recently asked the Secretary for Social Services in a written Question what his estimate is of the total gross profit earned by pharmacists on NHS dispensing in each year from 1960.

In reply, Sir George Young said gross profit paid to general practice pharmacy contractors in England and Wales for NHS dispensing was as below. (The table is abbreviated; payments in respect of rota fees and rural subsidies are not included for 1962.)

1962	£25m	1973	£68.2m
1965	£39.8m	1977	£130m
1969	£43.7m	1979	£156.6m

Vichy add wholesalers to their chemist-only distribution

Vichy are to add pharmaceutical wholesalers to their chemist distribution system.

Arrangements currently being finalised are expected to come into operation towards the end of January 1981—following a successful test operation in parts of the south of England.

This emerges in a letter to *C&D* from Mr G. C. Gordon, Vichy UK managing director, in reply to Xrayser's comments last week about representatives. The text of Mr Gordon's letter is as follows:—"First it is important to reaffirm that for 35 years the Vichy range has been sold in Europe and elsewhere—exclusively through pharmacies—and this will remain so: Vichy quite simply is a pharmacy-only company.

"Xrayser's article shows a chilling failure to understand what this means, and I would like to recall your editorial comment of January 19 which, in discussing Vichy, said that ranges exclusively to pharmacy should be 'stocked widely and with enthusiasm—and sold positively with the backing of expert advice'. Xrayser's remarks suggest that he, as a pharmacist, feels no special need or obligation to merchandise, sell, and generally nurture his pharmacy-only ranges. 'Pharmacy only' must not just be a reason to stock, but also a reason to sell.

"Vichy is not an agency line and does not have the benefit of extra sales outside chemists. It is therefore vital that we have the widest possible distribution amongst chemists. Every single Vichy advertisement and display item bears the message that Vichy is only available 'at your chemist'—and that is where consumers must be able to find us.

Test in the south

"During the past few months we have been conducting a test in parts of the south using chemist-only wholesalers as an *additional* facility for ordering Vichy products below our carriage-paid minimum level: we intend very shortly to be able to announce the extension of this service and we certainly hope it will contribute to wider stocking.

"Vichy, too, have always believed fervently in the value of representative visits. One of the reasons for our chemist exclusivity is that we believe the pharmacist and his staff are the right people to advise on the health and hygiene of the skin and on Vichy

products. The visits of our sales force, and the training courses conducted by our UK company pharmacist, are two means of imparting the necessary product knowledge.

"Indeed one of the objectives of wholesale availability will be to enable our sales force to spend more time on the quality of our visits to chemists who are already supporting and selling Vichy enthusiastically and who can regularly exceed our minimum order. This remains at just 54 units despite the introduction of several new products, and in September we announced still further improvements in our discount scheme for quantities above this level.

"In 1981 we intend to show that we can continue to improve our support, all of which benefits pharmacy alone: advertising, training, new products, and a well-stocked service—both wholesale and direct.

"If Xrayser, or any other customer, feels that the frequency of our visits is insufficient for his level of business (given our very reasonable minimum order level), we hope that he will always contact us. The relationship between Vichy and pharmacy has to be a partnership—our interests are and will remain identical." ■

(See also Letters—Editor)

November gain of 11 pharmacies

The net increase in number of pharmacies in November reflects a similar increase shown in this month for the past three years.

A net gain of 11 is shown by the corrections to the Pharmaceutical Society's register in November. This reduces the net loss for the year to 35.

In England 26 opened up, of which four were in London, and 17 closed (one in London). Five opened up and five closed down in Scotland and two opened up in Wales. ■

Fund reaches £17,443

Contributions to the Pharmaceutical Society's fund for the widow of PC Frank O'Neill had reached £17,443 by Tuesday. Donations should be addressed to the president at the Society's headquarters, 1 Lambeth High Street, London SE1 7JN, and cheques made payable to "the Frank O'Neill fund". ■

LETTERS

Justify the rep!

I feel I must reply to Xrayser's article "Save the rep" in which he chastised cosmetic companies for withdrawing representative calls.

From my experience I would suggest that we are working in a vicious circle; cosmetic accounts and their management really are a chicken-and-egg situation. If we independents show the companies that we can sell cosmetics then we shall soon see the call rate that Xrayser wishes; indeed many department stores and larger multiples get a monthly call. But, while market research shows that our share of the business is falling, the companies will respond by further reducing our call rate.

Where I differ from Xrayser is that I believe that those independents who want to see better service levels, instead of moaning, should first of all put their own houses in order. We should see that we have a rational stocking policy backed by sufficient stock investment, a standard of presentation as good, if not better, than the major multiple, serviced by a well-trained, knowledgeable staff.

If we put our businesses in order we shall see the companies showing renewed interest and those missing representatives will start to reappear. If we do not seize the opportunity now, I see little alternative for the companies but to move more and more into Woolworths, BHS and the drug stores to the detriment of independent pharmacy. Gentlemen, the writing is on the wall!

Graham Walker
Spalding, Lincs

Handing out forms

The latest Pharmaceutical Services Negotiating Committee's NHS Newsletter is a gem. It suggests that we all stock and distribute the FP95 and M11 forms. As these leaflets are about people's incomes, what concern are they to us?

Anyone asking for them in our pharmacy will be directed kindly, but firmly, to the nearest Post Office or the local social security office, where they will find people who are actually being paid to distribute these forms, only too ready to help them.

Eleanor Harrington
Beckenham, Kent

The Department of Health comments that for social security officers,

distributing these forms is part of their job and that whilst sub-postmasters and their staff do not receive a specific fee for distributing, say 100 forms, payment as such will form part of the global sum they receive
—Editor. ■

Chemists' option

Xrayser is justifiably disgusted by Unicliffe's (Pfizer's) action in reducing trade margins on TCP. But a powerful lever is in his and pharmacists' hands.

Chlorpropamide falls in list 2, part VD of the Drug Tariff. If a pharmacist wishes not to supply Diabinese (Pfizer) against a generic prescription he simply uses generic chlorpropamide and endorses accordingly. Perhaps many pharmacists who were using the branded version will now move to the generic to show their displeasure.

Pour encourager les autres

PEOPLE



Bill Cox (left) new ICML board member and retiring board member, Hugh Butler

Mr William (Bill) Cox, managing director of Herbert Fryman Ltd (Southampton), has been appointed a director of Independent Chemists Marketing Ltd in place of **Mr Hugh Butler**, managing director of E. H. Butler & Son Ltd (Leicester). Mr Butler was a founder director and past chairman of ICML, but added business commitments and additional work as vice-chairman of the NAPD have prompted his resignation. Mr Cox was also a founder director of ICML and is a council member of NAPD. ■

Mrs Gwyneth Dunwoodie, a former junior Minister at the Department of Trade, is Labour's new party spokesman on the Health Service. ■

■ **The Medicines (Pharmacies) (Applications for Registration and Fees) Amendment Regulations 1980** (SI 1980, No. 1806, £0.30) increase the statutory fees for premises proposed earlier this year by the Pharmaceutical Society's Council. From January 1, 1981, the registration fee will increase from £21 to £60, for retention from £21 to £35 and for restoration from £13 to £25.

TOPICAL REFLECTIONS

By Xrayser

Slow motions

The usual end of month round-up of jobs is now all completed—in working hours too, instead of having to bring some of them home to complete in the evening. So I can't help a certain glow of satisfaction, even though it is tainted by an apprehension that we are not busy enough in the shop.

When I counted the scripts I also sorted out the returns which I had put aside, meaning to have them ready earlier. There were only about 25 this time, and in fairness most of them were justified, because of missing information. We can't expect the clerks to be clairvoyant, and despite one LPC motion which apparently wants the PSNC to check on the checking of the pricing clerks' accuracy, I believe they consistently achieve remarkable correctness.

Having said that, perhaps I might slip in a quiet little moan in the hope that it will be heard and acted upon? In the course of a month I must dispense 2,000-3,000 bendrofluazide, thousands of propranolol, and hundreds of glibenclamide. Despite this, we missed endorsing the maker's names on perhaps a dozen scripts, which although the pack sizes were marked, were returned.

Surely, since all my bendrofluazide were from one generic manufacturer, and all the propranolol from another, etc, it would not be asking much for the pricing clerks to be given authority to assume that the odd missed script was also supplied from the same maker as the other identical generics.

Another LPC motion which struck me as making good sense was that from Camden and Islington. It suggests that differential on-costs should be applied on a cumulative basis to the total ingredient cost, and not to the number of items dispensed. The amount would then clearly relate more closely to our actual buying because the discounts we get are based on money spent with suppliers.

The trouble is that the trend among doctors of prescribing treatment for two and three months at once may continue so that we find ourselves less well off than we think. But if you are a gambler (and an optimist) you could vote for the idea because should the Government decide to control prescribing at source—so that if only a fortnight's treatment is allowed on any one form—you are likely to lose under

the present system. Heads you win?

And to conclude, I think there must be wide support for changes in the pricing procedures as suggested by Dorset, and Hereford and Worcester, so that the losses some of us incurred over sudden big increases in proprietary drugs (Ventolin?) cannot be repeated through flaws in the system.

Draize test

"Do you stock Revlon?" she shouted, then without waiting for a reply, charged on with, "You chemists ought to be ashamed of yourselves, and Yardley and Max Factor! I don't believe in vivisection and putting their eyes out . . ." And on she rolled.

When she had run down I quietly agreed that I didn't either, but knowing the nature of this particular person—who once threatened to sue me because she tripped over the pavement outside my shop—I was able to move her on by asking if she would be willing to prove her concern by giving up her right to compensation if her drugs (three lots regularly) damaged her because they had not been tested on animals first?

Her expression gave me one of the nicest moments in years. I thought Revlon's reply to the Animal Aid campaign was restrained, correct and fair—one which reasonable people can accept.

Non-committal

I can't say that I like losing sales, so eventually I decided to put Seatone into stock to satisfy a couple of regular customers who wanted to try it. And once in stock it seemed reasonable to put the pamphlets on the counter.

But today I got what I deserved for lending my prestige to something I know remarkably little about, for I was asked by a customer who had read the pamphlet very carefully and wanted to know what Seatone was used for. Naturally cautious I said that it was reputed to ease rheumatic conditions. "Oh?" he questioned. "It doesn't say that here." And nor does it. As an information document it is remarkably sparse in information in fact it says not one word about its use. What do you make of it? ■

Slimgard winter meal replacement

Slimgard Hot Savoury (£1.69), a hot meal replacement, in tomato and chicken flavours, is to be launched in the ATV, Granada and Trident television areas in January. Television advertising in the three regions will commence January 19 and it is planned that the product will go national when national television advertising breaks in September. Advertisements with the theme "It's amazing what you can do in three weeks" will appear in *Woman*, *Woman's Own*, *Slimming* and *Successful Slimming*. Counter cards and shelf strips will be available at POS. Each pack of Hot Savoury contains five sachets. *Unipharm Pharmaceuticals Ltd, Copseham Lane, Esher, Surrey.* ■

Deep Heat spray

Deep Heat is now available in an aerosol spray (£0.99) supported by a bonus offer and advertising in the *Daily Express*, *Daily Mail*, *Daily Mirror*, *Sun*, *TV Times*, *Sunday Post* and *Daily Record*. A POS crownner is included with every six Deep Heat sprays ordered. *The Mentholatum Co Ltd, Longfield Road, Twyford, Berkshire RG9 9AT.* ■

Vosene commercials

Vosene is being promoted on television for five months with two new commercials. With the message "Trust in Vosene for family dandruff control" the advertising will continue to present Vosene as the medicated shampoo for all the family. Vosene is claimed to have held the number two position in the total UK shampoo market for the past 12 months. *Beecham Toiletries, Beecham House, Great West Road, Brentford, Middlesex.* ■

Geigy in Ireland

The Geigy range of pharmaceutical products in Ireland will be supplied by Cahill May Roberts Ltd, who have been appointed exclusive distributors with effect from January 1. ■



Transvasin in sport

Reckitt & Colman are using Nottingham Forest and England goalkeeper, Peter Shilton, to promote their muscle-rub Transvasin. POS material, featuring Peter Shilton, is now available. The promotion will promote Transvasin as an effective treatment for sporting injuries. Though not prescription only Transvasin, the company says, is prescribed by doctors more than any other topical anti-rheumatic preparation. *Reckitt & Colman Pharmaceutical Division, Dansom Lane, Hull HU8 8DD.* ■

Pifco additions

Pifco have introduced a dual voltage hairdryer with two attachments. The Continental is a 1000 watt hairdryer and comes with a blow wave nozzle and a soft styling air diffuser (£12.95). Also available is a compact folding illuminated mirror lit by a 25 watt tubular lamp. Styled in beige with a brown stand, there is both a natural and magnifying mirror measuring 7½ x 7½ x 2in folded and 12 x 10 x 7½in open. *Pifco Ltd, Failsworth, Manchester.* ■

M&B tree paint

May & Baker have introduced a pruning paint, Seal & Heal (200ml, £2.00). Neither tar nor bitumen-based, Seal & Heal has a latex formulation to make a firm seal which expands or contracts to suit climatic conditions. Seal & Heal also contains fungicide (thiophanate methyl) for long-term protection against wood canker. *May & Baker Ltd, Manor Road, Romford, Essex.* ■

Rigease announce 1981 plans for Coty

Rigease, the new owners of Coty products, will be launching a lifestyle fragrance in September next year. Key objectives in 1981, says the company, will be to increase market share and consolidate its present position in the fragrance market.

They propose to give continuous support to L'Aimant, its cornerstone brand, and to launch Sophia, endorsed by Sophia Loren.

A spokesman for the company told C&D that plans to change the Rigease name to Perfumery Distributors Ltd would now no longer go ahead (C&D, November 29, p862) and any streamlining would only involve the slow-moving lines within the Imprevu, L'Aimant and Masumi ranges.

A £½ million advertising budget will support the Coty range in 1981, details of which will be finalised in the New Year. This figure excludes the promotional budget for Sophia. Coty hope to establish themselves in 3,500 chemist accounts through Sangers Agencies. *Ramsbury House, High Street, Hungerford, Berks RG17 0NF.* ■

Silbe distribution

Sinclair Medical have taken over the marketing and distribution of the Silbe standard atomiser which will now be available as the Sinclair bulb atomiser. *Sinclair Medical Ltd, Borough Road, Godalming, Surrey.* ■

On TV next week

Alka Seltzer:	All areas
Anadin:	All areas
Beecham powders mentholated:	M, WW, We
Beecham powders:	All except M, WW, We, E
Catarrh capsules:	Lc
Crest toothpaste:	All except B, E
Denim aftershave:	Lc, Y, Sc
Heinz babyfoods:	Ln, WW
Night Nurse:	All except E
Oil of Ulay:	All areas
Polaroid:	All except E
Scholl thermal insoles:	All areas
Setlers:	All areas
Sine-off:	Ln
Sucrets:	Sc, WW
TCP:	All areas
Veno's:	All except E
Zest toilet soap:	M, Lc, Sc, B

Holiday closures

Approved Prescription Services Ltd:

from 5pm Tuesday, December 23 until 9am Monday, January 5.

Arthur H. Cox & Co Ltd: from 4.30pm Tuesday, December 23 until 9am Monday, January 5. Skeleton staff will be on duty from 9am December 29-31.

Armour Pharmaceuticals Co Ltd: from 12pm Wednesday, December 24 until 9am Monday, January 5. Skeleton staff will be on duty to handle urgent orders only from 9am Monday, December 29.

Biorcx Laboratories Ltd: from 2pm December 24 until 9am January 5.

Chemco Ltd: from December 24-26 and January 1-2. Normal delivery service available December 29-31.

Ciba-Geigy: from 12pm December 24 until 9am January 5.

Cooper Health Products Ltd: from December 22 for the week.

Dendron Ltd: from December 23 until January 5.

Edwin Burgess Ltd: from 3pm December 24 until 9am December 30 and New Year's day.

Fisons Ltd: from Wednesday, December 24 until Monday, January 5. Emergency service available on Loughborough (0509) 63113.

Hoechst Pharmaceuticals: from 5pm December 23 until 9am, January 5. An emergency service will operate during normal working hours December 29-31.

ICI pharmaceutical division: from lunchtime, Wednesday, December 24 until Monday, December 29 and January 1-2, 1981. Urgent customer inquiries and emergency items can be obtained from central warehouse (0625) 582828.

Thomas Kerfoot & Co Ltd: from December 23 until January 5.

Kirby-Warrick Pharmaceuticals: from mid-day on Wednesday, December 24 until Monday, January 5.

Lederle Laboratories: from 12pm December 24 until Monday, December 29 and on January 1-2. Orders can be phoned in on the 24 hour answering service 0329-284752.

Leo Laboratories Ltd: from 3pm Wednesday, December 24 until 9am Tuesday, December 30 and on New Year's Day.

May & Baker Ltd: from noon on Wednesday, December 24 until 9am Monday, January 5, 1981. Urgent medical supplies available from John Bell & Croyden Ltd., Wigmore Street, W1H 0AU (01-935-5555).

National Pharmaceutical Association: (St. Albans) from December 24-26 and January 1-2. The Robophone answering service will be in operation.

Norgine Ltd: from 4.30pm December 23 until 8.30am January 5. Small urgent orders for postal despatch will be processed during this period.

Paines & Byrne Ltd: from December 24 to January 2. A skeleton staff will be available from 9am to 12 noon daily to deal with urgent orders.

William Ransom & Son Ltd: from 5pm Friday, December 19 until 8.30am Monday, December 29 and on New Year's Day.

Carnegie Medical and Riker

Laboratories: from 5pm Tuesday, December 23 until 9am Monday, January 5. Emergency supplies can be obtained by telephoning Loughborough (0509) 68181.

William Ransom & Son Ltd: from 5pm December 19 to 8.30am December 29 and New Year's day.

Roche Products Ltd: from 1pm December 24 until 9am January 5.

Scarle Pharmaceuticals: All orders should be received by December 18 for despatch before Christmas.

Stiefel Laboratories (UK) Ltd: will remain open over the Christmas period during normal business hours, except on December 25 and 26, and January 1.

Upjohn Ltd: from 12.30pm, Wednesday December 24 until 8.30am, Monday December 29 and from 4pm Wednesday December 31 until 8.30am, Monday January 5. ■

LEMSIP

BRAND LEADER BONDS

DRAW WINNERS Week 9 of 10

First Prize of £100

Lemsip Bonus Bond No. 00385

Second Prizes of £10

Lemsip Bonus Bond Nos. —

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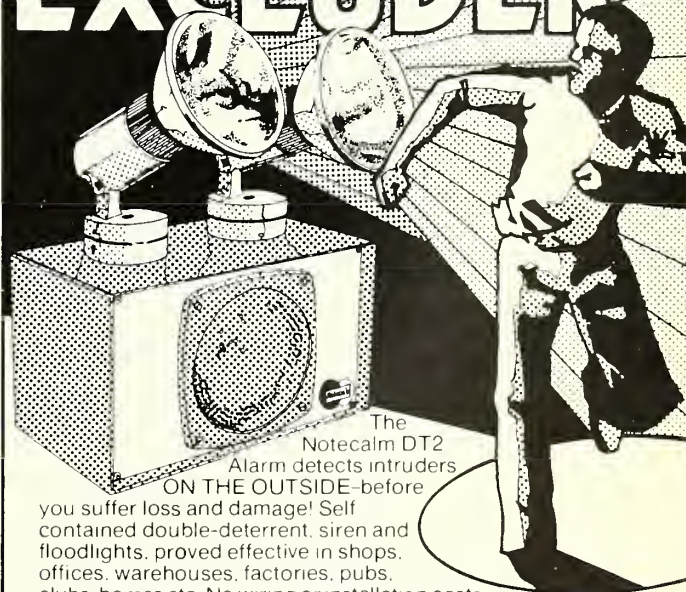
01024 07332 06251

01579 07053 02472

CONGRATULATIONS FROM THE BRAND LEADER — LEMSIP
Winners will be confirmed by post and prize cheques will be despatched direct to the address shown on the counterfoil.

Chemist & Druggist 13 December 1980

INTRUDER EXCLUDER



The Notecalm DT2 Alarm detects intruders ON THE OUTSIDE—before you suffer loss and damage! Self contained double-deterrent, siren and floodlights, proved effective in shops, offices, warehouses, factories, pubs, clubs, homes etc. No wiring or installation costs. Write or phone for further details and free demonstration.

Notecalm SECURITY SYSTEMS

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4 Ashburnham Rd., Bedford, MK40 1DS, England
Tel Bedford (0234) 64059

PRESCRIPTION SPECIALITIES

Cordarone X

Manufacturer Labaz, Pharmacy Products (UK) Ltd, Regent House, Heaton Lane, Stockport, Cheshire

Description White to off-white, round, biconvex tablets, each containing 200mg amiodarone hydrochloride

Indications Tachyarrhythmias associated with Wolff-Parkinson-White syndrome and those of a paroxysmal nature resistant to other drugs

Dosage Treatment should be started with 200mg three times daily and continued for at least a week. Optimum response may only be reached after four weeks at this dosage. The dose is reduced (by titration) to a maintenance level usually of 200mg per day, but possibly lower, at 200mg for five days out of seven, or 200mg on alternate days. Occasionally a higher maintenance dose of 600mg or more may be required to control an arrhythmia

Contraindications In sinus bradycardia, and all degrees of A.V. block and episodes of bradycardia sufficient to cause syncope, unless used in conjunction with a pacemaker. History

of thyroid dysfunction. Use during first trimester of pregnancy should be avoided

Precautions Patients with latent or manifest heart failure may find their conditions worsened and Cordarone X treatment should be associated with the usual cardiotonics and diuretics. Concurrent use with digoxin will precipitate high digoxin plasma levels. In combination with β -blockers or calcium antagonists, bradycardia may be potentiated. Cordarone X may also potentiate anticoagulants. High dosage may induce severe bradycardia and idioventricular rhythm, particularly in the elderly or during digitalis therapy. Thyroid function should be monitored before and during long-term administration using T_4 , T_3 and TSH tests as Cordarone X disturbs the usual test (PBI, 131 I)

Side effects Micro-deposits on cornea may develop with continuous use but regress with reduced dosage. Reversible peripheral neuropathy and extrapyramidal tremor, may occur. Photosensitisation may be induced but is alleviated by barrier creams and other measures. The following may occasionally occur: nightmares, vertigo, headaches, sleeplessness, fatigue, nausea, vomiting, and a metallic taste

Pharmaceutical precautions. Tablets should be protected from light.

Pack 30 tablets in blister pack of 10 (£9 trade)

Supply restrictions Prescription only
Issued January 1981 ■

Securoopen injection

Manufacturer Bayer UK Ltd, pharmaceutical division, Haywards Heath, West Sussex

Description Vials containing 0.5g, 1g, 2g azlocillin as azlocillin monosodium for intravenous injection. Infusion vials containing 5g as azlocillin monosodium, white sterile powder for reconstitution

Indications Broad spectrum antibiotic with especially significant anti-Pseudomonal activity. It may be administered concomitantly with an aminoglycoside or with beta-lactamase isoxazolyl-penicillins as there is evidence of synergy with these groups

Dosage Adults with normal renal function—5g every eight hours in life-threatening infections; 2g every eight hours in non life-threatening and urinary tract infections. Same dose at 12 hourly intervals for patients with severely impaired renal function. For patients on haemodialysis, see literature. Children—Over 6 years and over 20kg bodyweight, 1-3g; 2-6 years and 13-20kg, 0.5—1g; 1-2 years and 10-13kg, 0.5g; infants over 3 months and 5-10kg, 0.25-0.5g; under 3 months and 3-5kg, 0.15-0.25g; all 8 hourly. Infants and premature babies below

3kg, 50mg/kg bodyweight 12 hourly. Treatment should continue for at least 3 days after fever or clinical symptoms have disappeared, on average 7-10 days. Administered intravenously as a 10 per cent solution in water for injections. Administered as a bolus injection for 2g or less, and as an infusion over 20-30 minutes for higher doses

Contraindications First trimester of pregnancy. Allergy to other penicillins and cephalosporins. Inactivated by penicillinases

Side effects Typical of other injectable penicillins

Precautions Should not be mixed in the same syringe or infusion fluid as aminoglycosides. Azlocillin is stable in common infusion fluids provided the solution has been freshly prepared. Compatible with 5 per cent and 10 per cent glucose, 5 per cent laevulose, Ringer's and physiological saline. Supplementary drugs should be injected through the drip tubing and not introduced into the bag or bottle. Compatibility must be ascertained beforehand; precipitation, cloudiness or discolouration indicates possible incompatibility

Storage Shelf life 4 years when below 25°C. Should not be stored above

Modrenal capsules

Manufacturer Sterling Research Laboratories, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey

Description Size 3 opaque, pink/black gelatin capsules, each containing 60mg trilostane

Indications Control of the manifestations of adrenal cortical hyperfunction in such conditions as hypercortisolism and primary aldosteronism

Dosage For oral administration only. Adults only—one capsule four times daily for at least 3 days. Thereafter, the dose may be reduced or increased, according to the patient's clinical response and the results of appropriate biochemical tests. Normal range is 120mg to 480mg per day in divided doses, but in a few patients the daily dose has been increased stepwise to 960mg. No dosage recommendations for children

Contra-indications Pregnancy

Precautions Non-hormonal contraceptive measures should be taken during treatment. Care in patients with renal or hepatic dysfunction. Although Modrenal will not produce adrenal shutdown or Addisonian crisis except in patients with a pituitary adenoma, it is advisable to monitor therapeutic response by regular assay of circulating corticosteroids and blood electrolytes until the presence of an ACTH-producing tumour has been excluded. If a patient taking Modrenal develops a severe illness, or needs surgery, it may be advisable to administer corticosteroids. Information on long term effects is not yet available. If Modrenal is administered concurrently with thiazide or "loop" type diuretics, its effect of inhibiting aldosterone production reduces the loss of potassium ions in the urine usually seen with these drugs

Side effects During acute tolerance studies, side effects were only troublesome when high initial doses (500-1,000mg daily) were given; they included flushing, nausea, vomiting, rhinorrhoea and palatal oedema. All were reversible on stopping treatment

Supply restrictions Prescription only
Packs Bottles of 100 (£30.30 trade)
Issued December 1980 ■

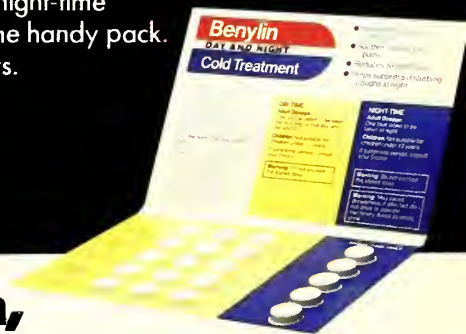
25°C. Should be freshly prepared immediately before administration but may be kept as the 10 per cent solution at room temperature for 6 hours without loss of efficiency

Packs 0.5g (5, £10.65 trade), 1g (5, £21.15), 2g (5, £33.05); 5g infusion (1, £15.53)

Supply restrictions Prescription only
Issued December 1980 ■



The only product to combine specialised day time treatment with specialised night-time treatment for colds and 'flu in one handy pack. Sufficient for 5 days and 5 nights.



**For your professional recommendation,
another great profit-winner from Parke-Davis**

Benylin
DAY AND NIGHT
Cold Treatment

New Benylin* Day and Night Cold Treatment is an effective product that you can recommend to your customers with full professional confidence. It's an effective profit-winner, too. No other product in this important market offers you the same return for your recommendation at the counter, as many pharmacists know already.

Day and Night Cold Treatment is available in display outers containing 24 retail packs.
Public per retail pack 55p
T. 15%
Wholesale (daytime) tablet contains 500mg.
Wholesale (night time) tablet contains 500mg.
Wholesale (daytime) tablet contains 500mg.
Wholesale (night time) tablet contains 500mg.

Indications:
For the relief of the symptoms associated with colds and influenza.
Adult Dosage:
Four tablets should be taken daily - three yellow tablets during the day and one blue tablet at night.
Take only one tablet at a time, and only at the times of day indicated on the pack.
Do not take the night-time tablets during the day.
Children's Dosage:
Not recommended for children under 12 years.

Contra-indications, warnings etc.
Hypersensitivity to any of the constituents. Paracetamol can cause skin rashes, dizziness and palpitations. Caution should be exercised in patients with hyperthyroidism, hypertension, cardiac dysfunction, diabetes mellitus and liver disorders. Benylin Day & Night Cold Treatment should not be used during treatment with M.A.O.I.s or for two weeks after completion of therapy.
Do not exceed the stated dose - An overdose is dangerous: medical attention should be sought immediately. May cause drowsiness. If affected, do not drive or operate machinery. Not to be used in pregnancy. Avoid alcoholic drink. If symptoms persist, consult your doctor.

Legal Category: P
Product Licence Holder:
Parke-Davis & Company, Usk Road, Pantyppool,
Gwent, NP4 0YH. Telephone: (049 55) 2468.

PARKE-DAVIS *Trade mark R8105



“My turnover went up by 40% after Numark redesigned my shop.”

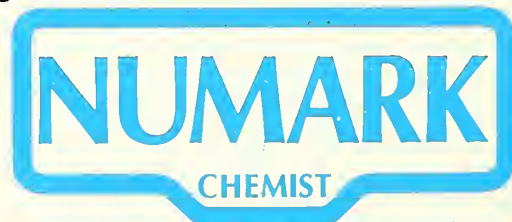
says Anthony Paine, MPS of Oxford.

“Numark give you all the help you need to make the most of your shop. How to get rid of dead areas. How to capture impulse sales. Or a complete redesign and refit. They’ll even provide a site assessment service.

They don’t forget the staff either. As well as a full scale training department at Numark, there’s the Numark Sales Training Bus which makes professional training facilities easily available all over the country.

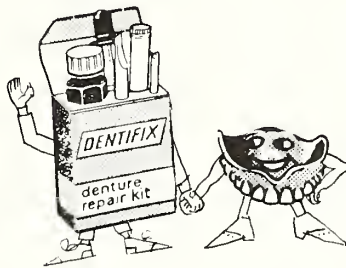
As a professional, I admire their expertise. It’s certainly paid off for me.”

For more information on the benefits of being a Numark member, contact your local Numark Wholesaler or Charles Morris-Cox at Numark Central Office, 51 Boreham Road, Warminster, Wilts Tel: 0985 215555.



**The helping hand to
make your business grow.**

ADMIT IT!
WE'RE JUST MEANT FOR
EACH OTHER



Dear Sirs,

We at Dental Projects Limited beg all decent minded chemists to spare a thought this Christmas for the plight of 30 million people. They have money, they have education, they have their ambitions, their dreams and their dentures. Yes, dentures ! Many will crack and break during the festive season and no doubt some will even self destruct. Just imagine for one minute the magnitude of this calamity. Thousands of miserable toothless souls with their dentures in fragments, gums dry and parched sitting in front of their T.V. sets and unable to get to their dentist.

Please don't let them down. Get DENTIFIX in stock. Your wholesalers have anticipated the demand created by our national advertising and they are just waiting for a phone call.

Dental Projects Limited would like to take this opportunity to wish you all a Merry Christmas and a Happy Smiling New Year.

Yours faithfully,

Directors and Staff of
DENTAL PROJECTS (LABORATORIES) LTD.

TAKES NICE PICTURES, DOESN'T IT?



Manufactured in Japan by Konishiroku. Konishiroku UK, Feltham, Middx. 01-751 6121.

On the other side is the advertisement we'll be running for Sakuracolor from October to December.

We'll be taking 600 poster sites in key positions around the country.

There'll also be insertions in the Sunday Telegraph and Observer Magazines, Reader's Digest, Radio Times, Men Only, Motor Sport and Geographical Magazine.

In the photographic press, we'll be appearing in You and Your Camera, Amateur Photographer and Practical Photography.

Altogether, we'll be covering a good 72% of AB males.

The trick, you'll notice, is to make them thoroughly aware of the Sakuracolor pack, so they'll feel at home with it when you offer it to them.

The other trick, of course, is for you to stock some film to offer to them.

To do so, either see our rep, or contact Konishiroku UK, Konishiroku House, 51 High Street, Feltham, Middlesex. Tel. 01-751 6121.

Further advances in existing methods

All recent advances in contraception have been modifications of existing methods to either increase their reliability, reduce their side effects, or both. The varied-dose oral contraceptives, introduced this year, are an example of this principle and it seems likely that any "new" advances in the immediate future at least, will also be modified versions of present methods.

Varied-dose oral contraceptives—the triphasic "pills"—were developed to give good reliability and cycle control using the minimum dosages possible of both oestrogen and progestogen.

Wyeth and Schering introduced identical products, Trinordiol and Logynon, at the beginning of May. These consist of 21 tablets, each containing the hormones ethinyloestradiol and levonorgestrel. As with other combined oral contraceptives, the triphasic regimens work mainly by inhibiting ovulation with additional contraceptive effects in preventing the cervical mucus thinning at the time of ovulation and making the endometrium unfavourable to nidation.

For the first six days of the cycle a daily dose of 30mcg ethinyloestradiol and 50mcg levonorgestrel is taken. This minimum dosage is possible because at the beginning of the cycle there is little chance of ovulation and a high dose of progestogen is not necessary for cycle control as there is less endometrial lining. The daily dose is increased to 40mcg ethinyloestradiol and 75 mcg levonorgestrel for the following five days to ensure that ovulation is completely inhibited.

During the last ten days the ethinyloestradiol is reduced to 30mcg daily as the further possibility of ovulation has been passed. The levonorgestrel dose is increased to 125mcg to promote the secretory transformation of the endothelium and to prevent any "spotting" or breakthrough bleeding. A high progestogen level is also necessary in the latter part of the cycle to ensure that when the woman stops her hormone intake for seven days there will be a sufficiently sharp fall in hormone levels to promote complete

shedding of the endometrium.

Although Schering claim that the total steroid dose in Logynon is reduced by at least 30 per cent when compared to currently available oral contraceptives, the amount of ethinyloestradiol is higher than in some of the low-dose combined pills. However Schering say this should be seen in context, as the extra oestrogen is only 50mcg over 21 days—a small increase considering that products containing 50mcg of oestrogen or more per day are still being used. A lot of research has suggested that the progestogen dose needs to be as low as possible, they say, and that the slight increase in oestrogen in Logynon should be balanced against the massive reduction in progestogen.

Both Schering and Wyeth say their products have been well accepted and successful. Schering think that the triphasic pill will be the "pill of the future" and say that a triphasic regimen is necessary because one-phase regimens have already developed to the point where if dosage is reduced any further there will be a loss of reliability or cycle control.

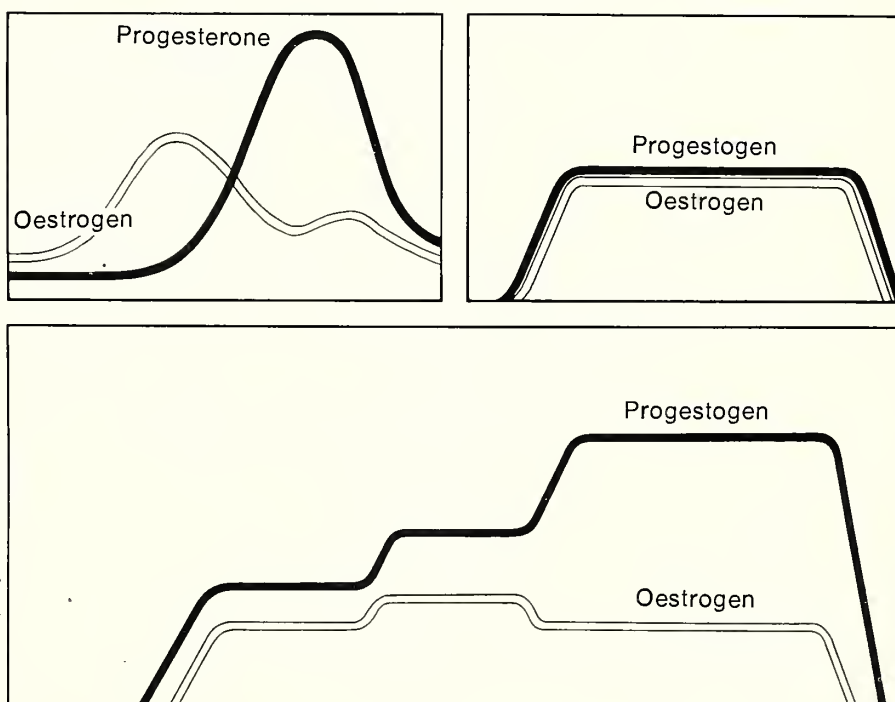
However there appears to be no prospects of varied-dose contraceptives from the other major manufacturers in the immediate future. It was thought that Ortho might introduce a bi-phasic regimen known as Binovum but the company now say they have no immediate plans to release any varied dose products.

Other developments could be in post-coital methods of birth control, although some people find there are ethical problems with such methods. Earlier this year a trial comparing two types of hormonal post-coital contraception began at the Margaret Pyke centre (*C&D* May 24, p879) and the Marie Stopes clinic has reported success using the IUD as a post-coital method.

The Margaret Pyke centre is also carrying out several other trials—most of which are developments of existing

Continued overleaf

Schematic representation of hormone release from the triphasic oral contraceptives (bottom), the normal menstrual cycle (top left) and the standard combined oral contraceptive (top right).



Pharmacist's role due for expansion?

The role of the pharmacist in family planning may well be due for expansion. Current interest in the pharmacist's potential as a source of advice is co-inciding with an apparent trend towards the use of OTC contraceptives.

In the last edition of *Family Planning Today*, Mr David Sharpe, president of the Pharmaceutical Society, contributed an article on "Pharmacists and family planning". He said that the public were seeking advice on a wide range of subjects from pharmacists and that the profession was seeking to formalise, publicise and extend this aspect of its service.

The Pharmaceutical Society is currently finalising a questionnaire to be used in a family planning survey (*C&D* October 25, p668). The aim of the survey, which is being carried out together with the Family Planning Association, is to determine what role the pharmacist plays in supplying contraceptives and family planning advice. Questionnaires will be sent out, probably early next year, to about 600 pharmacies in the UK including about 40 in Northern Ireland, with the co-operation of the Pharmaceutical Society of Northern Ireland.

The Society would like to encourage pharmacists in the future to become more involved in family planning and also encourage the public to regard pharmacies as sources of advice. Hence they are working on an

information pack for retail pharmacists and on a display stand for leaflets. They are trying to find the most suitable format for displaying the FPA and Health Education Council leaflets given the constraints on space which operate in many pharmacies. As well as supplying literature the display could also direct the public to seek the pharmacist's advice.

Pharmacy involvement in family planning seems to be growing in other countries as well. In a recent article in *Pharmacy International* entitled "The pharmacist and family planning: status and prospects", the author, Professor M. C. Smith notes that although the pharmacist's potential has generally been slow to be recognised, there are some exceptions. He cites examples from Latin America where 120 training programmes for pharmacists have been conducted in six countries, South Australia where the FPA has conducted several training programmes for pharmacists and is soon to issue a textbook especially for pharmacists, and the USA where several states have undertaken training and publicity programmes.

Professor Smith concludes that

there is a clear need for accessible inexpensive counselling in the world's rural areas and that, except for the lack of formal training, the community pharmacist is a logical choice to help meet this need. The International Planned Parenthood Federation last month adopted a three-year plan of action and this included increasing the availability of family planning services by, among other things, the accelerated recruitment and training of paramedical personnel.

In the UK it seems unlikely, in the near future at least, that the pharmacist will be able to increase the range of contraceptives he can supply without a prescription. However the market for such "OTC" contraceptives is growing as the trend towards increased use of barrier methods continues.

LRC Products have estimated that out of all women using contraceptives (other than sterilisation) 40 per cent use the "pill", 40 per cent the sheath, 6 per cent use withdrawal, 5 per cent the diaphragm, 5 per cent use an IUD,

Further advances

Continued from p937

birth-control methods. These include barrier methods such as a contraceptive sponge, an IUD device with a low expulsion rate which needs changing only once every seven years, and a urine-testing method to predict when ovulation has occurred.

Finally the use of the diaphragm, already on the increase, may become far more popular depending on the results of a study being planned at the Marie Stopes clinic. This will be based on the work of an American physician, Dr Edward Stim, which suggests that the diaphragm may be just as effective if used without spermicides and if worn all the time—just being taken out once a day for cleaning.

Using a diaphragm in such a way would obviously be easier for most women and the study will also use the same size diaphragm for everyone—another advantage if it proves successful as regular clinic visits for refitting would become unnecessary. The study will probably begin early next year with between 100-200 cases. If the method appears to work then a more extensive trial will be used. The American work has suggested that the failure rate for the diaphragm used in this way is only 1 per 100 women years. ■

The Chefaro family planning centre



CONTRACEPTIVES

3 per cent rely on the rhythm method and 1 per cent use spermicidal chemicals by themselves. These figures are based on statistics released by the FPA in 1978 and it was then estimated that 35 per cent relied on the sheath with 4 per cent using diaphragms.

Sales of the sheath have been rising steadily for the past three years, say LRC, and they estimate the market to be currently worth £14 million at rrp with 52 per cent of all purchases made through chemists and drug stores. Chefaro say that over the past three years the market has grown by about 10 per cent yearly, in unit terms, and they give a total market figure of £16½ million.

1980 seems to have been an excellent year for sheath sales through independent chemists with a 14 per cent rise in unit sales in the six months to September compared with the same period in 1979, according to LRC. They say the greatest proportion of growth came from two of their own Durex brands—Nu-form Extra Safe and Fetherlite. Extra Safe has proved so successful, they say, that it achieved brand leadership of the sheath market during 1980, with volume sales up 60 per cent on last year. Fetherlite is the second largest brand in the market and together these two brands hold 60 per cent, in unit terms, of the total market through independent chemists.

LRC think that the growth of these two brands is coming both from competitors and from consumers "trading up" from Durex Gossamer to

the higher-priced sheaths. This trend towards the premium brands is helping pharmacists increase their revenue from sheath sales, they suggest.

The company plans to launch another sheath in February. Although no details are available at this time it will be a premium-priced product, introduced with the aim of further developing the market, and will possibly be backed by a national Press campaign. Contraceptive promotion can be a problem with advertisements sometimes being rejected by the Press. The Independent Broadcasting Authority recently dismissed any possibility of advertising branded contraceptives on television after research showed that a majority of viewers were opposed to such advertisements (C&D December 6).


However LRC does support its brands with advertising and a campaign for Nu-form Extra Safe, aimed at women who are considering coming off the "pill", is running in the women's Press until the end of March.

The advertisement below left for Durex Nu-form Extra Safe is aimed at men whose wives are coming off the "pill." The text (not shown) emphasises the safety of the product.

Perhaps the best promotional aid for contraceptives is good display and self-selection. LRC offer a tower stand which they recommend siting near the till so that the customer can select and pay for his purchases with the minimum possible embarrassment. Another way of improving sheath sales is by stocking the 12 packs, they say. They estimate that sales of Durex can rise by as much as 40 per cent when 12's are stocked and they point out that in multiples where the distribution of this size is 100 per cent and there is good merchandising, over 70 per cent of sales comes from this size. Nevertheless there is still only a 65 per cent distribution of 12 packs through independent chemist outlets.

Chefaro Proprietaries is another company which strongly believes in the value of displaying contraceptives. They supply a free family planning centre which can be used to display a whole range of contraceptive products as well as their own Horizon sheaths. Mr Ian

Continued overleaf



Until then...

There are other brands of Contraceptives



Bigger Profits & Guaranteed Supplies

The demand for alternative brands of contraceptives is growing daily and we recognise the need for the trade to carry more than one brand. We have a range of quality products that offers your customers more choice and styles. Our delivery service, like our products, is reliable.

Contraceptives (x 1 gross)	Cost	Retail Value
KINGTEX VIVA—top quality	£4.40	£45.60
DERBY—extra fine	£3.30	£14.40
SETTABELLO—lubricated	£3.30	£47.40
SUPER SETTABELLO—top quality condom	£3.60	£16.00
GRAINLET—unique ripple effect	£6.25	£45.60
RONY WRINKLE—rippled from top to bottom	£5.40	£26.40
ZERO 'O'—rippled and lubricated	£5.40	£31.20
MARONY—sensitive lubrication	£5.40	£21.60



STALLION & HEAT SPRAY

—pleasantly and professionally packaged, they will add a new, profitable, yet stylish dimension to your sales. Cost £9.60 per doz. Retail value £42.

FREE First 100 customers spending £100 or more will receive a free pack of contraceptives. RETAIL VALUE £30.

For more information contact Robert Lake who, if you wish, will arrange for a representative to call.

Yago Holdings Ltd (Dept. 503), Unit 18, The New Colehill Industrial Estate Birmingham B46 1RL. Tel: Colehill (0675) 64834

Pharmacist's role

Continued from p939

Sharpe, former senior product manager, thinks the company's approach with the emphasis on display has changed the retailer's attitudes to the market. He points out that the number of women buying contraceptives is increasing and that about 20 per cent of all "partnership" contraceptives are now bought by women.

The company claims Horizon has a 6.5 per cent sterling share of the chemist market and that at least 75 per cent of their sales are through chemist outlets. Horizon sales have grown consistently since the brand was nationally launched in 1976 and the company is confident of further growth.

Other sheath manufacturers also claim increased sales although comparatively little are sold through chemists. Soplex Ltd, say their Knight brand has about 6-8 per cent of the total market but chemists account for probably less than 1 per cent of sales.

Among manufacturers of OTC contraceptives other than sheaths, Potter & Clarke will be advertising C-film towards the end of the year in the *Sun* and *Daily Express*. The company has sponsored a film entitled "Efficient contraception" for use in schools (see below for further details).

The company feels that, because it is so difficult to promote contraceptive products through the media, it is the social responsibility of the pharmacist to be well informed and provide easily accessible products which can be bought without embarrassment.

Books and films

Two paperbacks have been published this year both of which are mainly intended for women who wish to learn more about contraception but could also be useful for pharmacists wishing to revise quickly their general knowledge of family planning methods.

"The Pill" by Dr John Guillebaud, medical director, Margaret Pyke centre, was reviewed earlier this year (*C&D*, July 26, p112). "Woman's Own Birth Control" (Hamlyn, price £1.25) is written by Dr Michael Smith, honorary chief medical officer, Family Planning Association.

Detailed information is given on every method of birth control and there are additional chapters on pregnancy tests, abortion, infertility, sexually-transmitted diseases and psychosexual problems. Each chapter ends with a series of questions and answers based on the most common queries from readers of *Woman's Own* (to which Dr Smith contributes an advice column) and listeners to the

Jimmy Young radio programme, as well as inquiries received by the Family Planning Information Service.

Sponsoring films seems to be a popular way for contraceptive manufacturers to spend their money. Ortho Pharmaceutical have sponsored a film entitled "Not tonight" which features a medical student, her family and friends and their approach to contraception.

The film is about motivation towards contraceptive use and the need for birth control methods to be personally acceptable as well as efficient. It is aimed mainly for professional audiences and is intended to provoke discussion.

"Not tonight" has a running time of 30 minutes and is available for purchase or loan from Educational Services Department, Ortho Pharmaceutical Ltd, Denmark House, Denmark Street, High Wycombe.

Potter & Clarke Ltd have sponsored slide/cassette presentation for a very different audience. "Effective contraception" is intended for 13-16-year-olds and gives an account of the methods available and the advantages and disadvantages of each. It was made in consultation with the FPA and the commentary is spoken by Dr Michael Smith. Running time is about 15 minutes and the company will be offering the presentation to any school or other establishment on free loan. ■

BOOKS

All Good Things Around Us

Pamela Michael with illustrations by Christabel King. Ernest Benn Ltd, 25 New Street Square, London EC4A 3JA. 10¾ × 8¾ in. Pp240. £12.95.

Pharmacy is essentially a creative occupation, and although dispensing manipulative skills and techniques are in less demand than hitherto there is still a great measure of satisfaction to be derived from an elegant preparation in a professional pack.

Those endowed with a trivalent interest in "secundum artem" botanicals and folklore will enjoy this fascinating book, which is unlikely to be left to gather dust. It will be regularly taken off the shelf to supply specific information and then the reader is likely to browse.

Author, illustrator and publisher have together taken an immense

amount of trouble to achieve high standards.

The claim on the jacket that "the book is embellished with Christabel King's exquisitely beautiful paintings which have been drawn from life and make identification of the plants easy", is justifiable. Altogether 87 full-colour botanical paintings are reproduced, showing the edible parts of the plants "at the best time for picking". The "monographs" by Pamela Michael reflect the months of research. She writes easily and effectively, often quoting from early herbals—Culpeper, Digby, Hill and Gerard all appear from time to time, adding to the more up-to-date information that is available.

The added description to the title of the book describes it as "A beautifully illustrated cookbook and guide to the recognition and uses of over 90 wild plants and herbs". The 380 recipes include not only soups, sauces and main meals but also teas, syrups, wines, shampoos and lotions. All of which for the older pharmacists

will recall memories of pre-NHS days when the pharmacy really had a distinctive odour!

Occasionally Pamela Michael goes beyond the cookbook sphere, as when she describes how to cut and make hazel saplings into walking sticks; fishing floats from elder pith and hop pillows!

The final recipe—herbal surgical spirit suggests macerating the flowers and leaves of thyme, rosemary, lavender or mint in surgical spirit. Unfortunately there is no warning concerning the inflammability risks.

In general the book is well indexed—the monographs are arranged alphabetically by the plant's latin name. There is an adequate bibliography but regretfully there is no cross indexing of the references.

It is hard-backed, making it excellent for present-giving—if you can part with it. All in all, like the fields or the countryside which inspired the text, it is a book to enjoyably meander through or to use advantageously in a variety of ways. ■

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A member co-opted; another resigns

The Pharmaceutical Society of Northern Ireland's Council has co-opted one member, while another member has resigned.

At their November meeting, Mr Derek Corbett was co-opted to fill the vacancy caused by the death of Mr W. J. Bolon.

In proposing Mr Corbett's name, Mr Dillon said that he was a very active member of the executive committee of the Ulster Chemists' Association and took a great interest in pharmaceutical affairs. He was certain that Mr Corbett would prove an excellent member of Council. Mr McIlhagger seconded the proposal which was passed unanimously.

A letter from Mr D. A. Giles was read asking the Council to accept his resignation as his other duties prevented him from attending the meetings. The resignation was accepted and several members expressed regret that the Council was denied the services of such an able member.

■ Mr McIlhagger said that the caretaker committee which had undertaken to deal with the assets of the now defunct associates' section of the Ulster Chemists' Association had completed its work. He asked the president to present what remained in the sections' bank account to Professor D'Arcy as a contribution to the new building appeal. Professor D'Arcy said he was very grateful for the contribution. At present the appeal had raised £8,600 and he was hopeful that the target of £10,000 would be reached before the end of the year.

■ Mr Kerr reported on a meeting of the Northern Ireland EEC committee, which met during November to consider an EEC paper on "The role of the pharmacist in society in the changing economic and social conditions of today". As the paper was a translation the precise meaning of some phrases was in doubt. However, the paper's objectives were quite clear and the committee had recommended that the paper as a whole be given the Council's support, particularly the paragraph which sets out the ideal conditions under which pharmacists should practise.

This paragraph included certain conditions such as the geographical

distribution of pharmacies which were not likely to be introduced in Northern Ireland for some time, Mr Kerr said. However they had been introduced in other countries, by more enlightened governments, to the benefit of the public and the pharmacists, and their inclusion should be supported.

■ The president pointed out that at the last meeting it had been decided to defer the appointment of auditors for the present year. The audit fee over the past three years had increased by 100 per cent and the secretary had been asked to write to the auditors and ask what the fee would be in 1981. A reply had been received indicating that next year's fee would probably be the same as that charged in 1980. It was therefore agreed to re-appoint the auditors for the year 1980-1981.

Names removed

■ The names of members and students of the Society who had not paid the retention fee for the current year would be removed from the appropriate register with effect from December 6, it was agreed. The secretary said that about 40 members had not yet paid but some of these had requested that their names be removed. A few proprietor pharmacists and some pharmacy managers had yet to pay but the Department of Health and Social Services had been sent a list of those involved.

■ The report from the finance and house committee was adopted. This included the recommendation that a quotation of £851 should be accepted for supplying new curtains and linings and fitting new rails for the windows in the Society's lecture hall. The president explained that the existing curtains and rails had been purchased when the hall was first opened. The rails had not been effective for some time and had to be replaced.

■ Miss Watson gave a report of a meeting of the Agricultural and Veterinary Pharmacists Group held at The Inn on the Park, Dungannon, on October 27 when a talk "Vaccines and allied products" was given by Mr Shaw, Berk Pharmaceuticals Ltd. Mrs O'Rourke said she had attended the meeting and was pleased to see a good

attendance, some members having travelled very considerable distances.

■ The chairman of the postgraduate education and training committee, Mr Kerr, reported that the pre-Christmas series of lectures was proving popular with an attendance of about 100 on each occasion. Four further lectures would be held at weekly intervals commencing early in February. In addition, the display prepared by the Department of Health—"Panorama of the Medicines Act"—would be shown in the Society's lecture hall from January 6-8, 1981 and sessions involving discussion of the Medicines Act were being arranged.

Later in 1981 it was hoped to hold a one-day seminar on "Computers in Pharmacy". This would be arranged by the Department in conjunction with the Eastern Health and Social Services Board. Attempts were being made to arrange an evening talk and demonstration of elastic hosiery and ostomy appliances. Mr Kerr said the committee was very appreciative of the assistance received from Professor D'Arcy in obtaining speakers on the various subjects and appropriate accommodation.

■ Mr Galbraith asked if any attempt had been made to induce members to enter upon deeds of covenant for the benevolent fund. The secretary said that the necessary forms had been printed many years ago but with the introduction of the annual president's appeal, none had been signed.

Mr O'Rourke pointed out that apart from the fact that a great deal of extra work would be created, the fall in the value of money could result in the fund losing financially. The amount received from the president's appeal increased each year. In 1979 it totalled £2,682—with a figure of £2,867 so far this year. The present system of contributing to the fund when paying the annual retention fee was simple, straightforward and worked well. He did not advocate any change.

■ The application of John Scott Pearson, 54 Moneynick Road, Randalstown, co Antrim, for registration as a student was granted, as was an application of Anthony Kenneth Fox, Boots the Chemists, Nottingham, for registration as a pharmaceutical chemist in Northern Ireland under the reciprocal agreement entered into with the Pharmaceutical Society of Great Britain. The application of Ronald Samuel Lewis, 37 Lorraine Drive, Bluff Hill, Salisbury, Zimbabwe was granted subject to the payment of the fees. ■

Blood pressure testing—fresh approach to BMA

The Pharmaceutical Society is to make a further approach to the British Medical Association to establish agreed guidelines under which pharmacists could measure blood pressure in the pharmacy.

That decision was made by Council at this month's meeting on the recommendation of the Science Committee, after the Committee had had re-examined the Council's guidelines on blood pressure measurement. The view was expressed that screening for hypertension was a technician's task and that the pharmacist would have little opportunity to act in a professional way if he carried out screening. There was evidence to suggest that screening contributed to a reduction in mortality, although medical opinions on the need for treating mild hypertension were divided. The Committee noted that there was an increasing tendency for patients to monitor their own blood pressure, and it was felt that regular self-measurement would improve the patient's compliance when on anti-hypertension treatment.

The Committee felt that no changes should be made to the Council's guidelines, but it was agreed that the office should continue to note developments in screening.

■ The Society is to follow up a recommendation in a working party report on instruction for pharmacists on the response to be made when symptoms are described in general practice pharmacies. Council agreed that a working group should be appointed both to prepare advice to pharmacists on patient counselling and to make recommendations on the instruction given in undergraduate pharmacy courses on pathology and therapeutics. It was also agreed that an investigation should be conducted into the symptoms and conditions upon which advice was requested in different types of pharmacy.

■ The Society is not to proceed with the introduction of a patient information leaflet for penicillin, because of possible distribution difficulties, the Department of Health's probable reluctance to pay for the initial distribution, and because pharmacists already using warning label systems would not be prepared to change. Major suppliers of labels

are to be told of the wording in the proposed leaflet and asked to make the information available in the form of slip labels.

■ Council agreed that pharmacists' attention should be drawn to the existence of a directory of "self-help" organisations. The book, "Self-help and the patient", is available from the Patients' Association, 11 Dartmouth Street, London SW1H 9BN (£1.20 post free).

■ The Society is to introduce in 1981-2 a research training support grant supplementary to the 12 research awards the Council makes each year. Council accepted that the grant should be the same as the SRC grant and paid direct to the schools of pharmacy concerned.

■ The Society is to take no further action on the matter of possible problems occurring when different antibiotics are presented in similar capsules. The Practice Committee noted the Department of Health view that, while the licensing authority does encourage the use of distinguishing markings on solid dose forms, it would be impracticable to impose "presentational features" as conditions of a product licence.

■ The Society is to be represented by Mr J. P. Kerr and Mr B. Silverman, with an appropriate member of staff, at a meeting called by the Minister for Health on triple prescriptions.

■ A letter has been received from Mr Patrick Jenkin, Secretary for Social Services, following representations by the Society and PSNC for the appointment of a pharmacist to the proposed working group on prescribing-related matters. Mr Jenkin said that the group would not be finally constituted until after a meeting on December 11 between the Department and representatives of the medical professional bodies. It was suggested that the professional members of the group should be individuals with prescribing experience rather than representatives of organisations, Mr Jenkin said, but although it was not thought essential for the members to have specialist knowledge of pharmacy, it was hoped that the group would feel free to invite those with specialist knowledge to meetings.

■ A letter is to be sent by the president to chairmen and administrators of district health authorities strongly advocating the appointment of district pharmaceutical officers.

■ The Society is to ask the Prescription Pricing Authority for formal consultation on proposed guidelines covering the release of computerised information held by the PPA. It was agreed that Mr Silverman and Mr D. Knowles, with the assistance of the office, should prepare a document setting out items which the Society would wish to see in the guidelines.

■ The Coroners' Society of England and Wales has replied to the Society's letter expressing concern about the publicity given to the abuse of various drugs. In cases where the cause of death was disputed the court had to show publicly that the conclusion reached was correct; if the details of drugs given were kept secret it was likely that there would be "a great outcry" from the media, the letter suggested. The only solution was to try to educate the public, as a help to reassure those people who were taking the drugs correctly. Council agreed to consider further action.

Rational location

■ The Society is to be represented by the chairman of the Practice Committee, Mr C. Hitchings, the chairman of the general practice sub-committee, Mr Kerr, and appropriate members of staff at a meeting to be held on January 9, 1981, at the invitation of the Department of Health, to discuss further the Society's proposals for a rational location of pharmaceutical services and the definition of shopping centres.

■ The Society is to object to a proposal from the Home Office that Controlled Drug licence fees should be increased. Further increases were proposed for 1981-82, based on the norm that the fees were to cover the cost of licensing.

■ The regulations of the Society's library are to be amended to allow a borrower to be ordered to pay towards the cost of a replacement book on the same subject if he fails to return, or returns damaged, an out-of-print library book.

■ The Society is to inform a Local Pharmaceutical Committee that it does not approve of rota cards for contractors being produced by drug companies instead of by the Family Practitioner Committee. ■

Last year, it's estimated that over 300,000 break-ins took place in commercial and industrial premises in Britain.

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Self-employed face rises in NI contributions

Following the raising of employers' National Insurance charges via a revision of earnings limits (*C&D*, November 29, p881) the expected changes to self-employed contributions have now been announced and will raise some £50 million.

The maximum increase for the self employed will be £3.04 a week—£1.60 due to higher profit limits and inflation elements in class 2 increases and £1.44 due to an extra increase in rates. For example, the self employed with profits of £130 a week will see combined class 2 and class 4 contributions rise by 94p per week. The details are as follows:

The flat-rate class 2 contribution is raised from £2.50 a week to £3.40 a week; 45p of this increase reflects inflation, in particular the movement in earnings and benefit rates, 15p is for the NHS, and 30p is on account of the reduced Treasury supplement. The annual limit of earnings below which a self-employed person may apply for exception from liability for class 2 contributions is raised from £1,250 to £1,475.

The rate of class 4 contributions payable in respect of profits is increased from 5 per cent to 5.75 per cent 0.25 per cent for the NHS, 0.5 per cent on account of the reduced Treasury supplement—and the limits of annual profits between which class 4 contributions are paid are raised from £2,650 and £8,300 to £3,150 and £10,000.

The rate of the class 3 (voluntary) contributions is increased from £2.40 to £3.30 a week. ■

Newsletter for 'characters'

A Character Licensing and Merchandising newsletter has been launched by Benn Business Promotions. The estimated retail value worldwide for licensed products is £1,600,000,000 and in the UK alone at least £150 million. The newsletter will include trends in merchandising and retailing, new properties, market research and statistics, overseas news, legal consideration letters and property profiles. The newsletter will be

published six times a year (first-time subscribers receive the first two issues free of charge). Free specimen copies are available from *Benn Business Promotions Ltd, Press House, 25 High Street, Edenbridge, Kent.* ■

Ortho fined in free trade case

A British pharmaceutical company which tried to prevent its UK dealers exporting pregnancy test kits to Germany has been heavily fined by the EEC Commission in Brussels for seriously restricting Common Market free trade.

Ortho Pharmaceuticals Ltd, High Wycombe, cut off supplies to some chemists and drastically restricted deliveries to others, in a bid to stop a German importer benefiting from a lower trade price, the Commission said last week.

The company, along with its American parent company Johnson & Johnson Inc, and two other subsidiaries in Germany and Switzerland, were fined a total of £126,000.

The Commission said export prohibitions were serious restrictions of competition, fundamentally incompatible with the Common Market. ■

Wyeth Royal visit marks centenary

The centenary of Wyeth Laboratories' presence in the UK was marked recently by a visit from Princess Margaret to their Taplow plant. Dr Borrows, chairman and managing director of Wyeth, says "The Princess was very gracious and showed a keen interest in our work. Equally she was very complimentary about the progress we have made".

It was in 1880 that medicines made by John Wyeth and his brother Frank, in a small pharmacy in Philadelphia, were first marketed in the UK by an agent. The agent was Silas Burroughs, whom John Wyeth subsequently recommended to Henry Wellcome. ■

Rent 'map' published

Because industrial rents are less sensitive to location than other forms of commercial property it is possible to map industrial rents using contours to show high and low areas, say Hillier Parker, and they have published "Industrial Rent Contours" which gives an approximate guide to the variation in industrial rents in the UK. The map is based on the rental values of prime industrial properties in 238 towns supplied by the Industrial Department and relates to the summer of 1980.

The conclusion suggested is that locational factors—motorways, new towns, accessibility and ports—do not, by themselves, cause high rents. None of these factors compares with the dominating effect of London and distance from the capital seems to be the most important factor affecting industrial rents. *Hillier Parker May & Rowden, 77 Grosvenor Street, London W1A 2BT.* ■

VAT leaflet

Customs and Excise have issued VAT leaflet 727/4/80, which explains the special procedure available to pharmacists using a VAT retail scheme as described in Customs Notice No 727. The new leaflet replaces VAT leaflet 5/75/VMC. It does not alter the procedure to be followed but omits material in the previous leaflet which is now out of date. Copies of the new VAT leaflet can be obtained from Local Customs and Excise VAT offices. ■

Sunday trading Bill

Sir Anthony Mayer, MP, is planning to introduce a Private Members Bill to relax the law on Sunday trading and to remove anomalies in the existing legislation. Although the Bill's content has not been finalised, it would probably allow pharmacies open on Sundays to sell any products they would normally sell. Sir Anthony hopes the Bill will be debated on February 20. ■

Briefly

■ **Institute of Packaging** has announced that its 14th national conference, which was to have been held from October 13-15, 1981, has been postponed. The national council has reluctantly accepted a recommendation from the conference committee that the event should not proceed in the foreseeable economic climate.

■ **Jeyes Ltd:** Mr Alan Plant is appointed project manager and will be responsible to the production director, Mr Frank McShane.

■ **Lilia-White Ltd:** Mr A. J. (Tony) Patrick, national accounts manager has been promoted to general sales manager. He joined Lilia-White in March 1977.

■ **Market Wise Ltd:** Mr Nigel Baker is appointed to the sales team. Previously with BP Ltd's subsidiary, Hildesley Design, for 12 years.

■ **Pharmaceutical Society:** Mr Anthony Joseph McDermott and Mr John Cairnie Russell Liddell have been appointed to the staff as inspectors. Mr McDermott will shortly take up his duties in part of Wales, replacing Mr D. Gwynne Jones; Mr Liddell will take up his duties in Scotland and Northumberland, replacing Mr R. Mackay.

■ **Rorer (UK) Ltd:** Mr John Freeman is appointed marketing director, he was previously marketing manager for Kirby-Warrick. Rorer (UK) are based at Witham, Essex, following the acquisition of Radiol Chemicals Ltd. Reporting to Mr Freeman will be the marketing department, Radiol OTC sales team, Rorer "ethical" sales force and the export department.

■ **Enterprise Leisure Sales Ltd:** Ms Kate Maguire has been appointed general manager, administration, responsible for the day-to-day management of the new office and warehouse in Harpenden. Mr Paul Burnett becomes financial director both here and overseas and Mr Charles Pearson has been appointed national sales force manager, he joins from Polaroid.

■ **G. D. Searle and Co:** Dr Robert L. Herting has been named vice president, international clinical research and medical affairs, of the research and development division. He will be responsible for directing Searle's international medical and clinical research outside the US. Dr Herting joins Searle from the research division of Schering-Plough Corporation, where he was vice-president of corporate medical research.

Continuing quiet

London, December 9: Because of the continuing dull state of all sections of the market most prices were unchanged on the week. Where alterations took place they were usually attributed to movement in foreign exchange rates. The pound sterling being weaker against the US dollar a few commodities were marked up to compensate. Brazilian menthol, for instance, rose by five pence per kg but here, as elsewhere, it was noteworthy that spot and cif offers were quoted at the same level as each other making spot the better bargain.

Dearer among botanicals were Canada and Peru balsams, benzoin, cherry bark and liquorice root. Hydrastis was easier while lobelia was unquoted.

Pharmaceutical chemicals

Anylobarbitone: Less than 100-kg lots £18.75 kg; sodium £21.59.
Butabarbital: Acid £25.17 kg; sodium £26.81 kg in 50-kg lots.
Butobarbitone: Less than 100 kg £22.88 per kg
Chloral hydrate: 50-kg lots £2.20 kg.
Cocaine: Alkaloid £700.50 kg; hydrochloride £618 to £648.
Cyclobarbitone: Calcium £24.70 kg in 50-kg lots.
Dihydrocodeine bitartrate: £535 kg in 20-kg lots; Subject to Misuse of Drugs Regulations.
Formic acid: per metric ton delivered in 4-ton lots, 98 per cent £400; 85 per cent £334.
Glucose: (Per metric ton in 10-ton lots)—mono-hydrate £295; anhydrous £550; liquid 43° Baumé £309 (5-drum lots); naked 18-tons £247.
Glycerin: In 250-kg returnable drums £785 metric ton in 5-ton lots; £790 in 2-ton lots.
Homatropine: Hydrobromide £133.10 kg; methylbromide £126.60—both in 1-kg lots.
Hydrogen peroxide: 35 per cent £336 metric ton.
Hydroquinone: 50-kg lots £3.08 kg.
Hyoscine: Hydrobromide £490 kg.
Hyoscyamine: Sulphate, 100-kg lots £267.90 kg.
Hyphosphorous acid: (Per metric ton in 50-kg lots). Pure 50% £454.75; BPC (30%) £326.71.
Iodides: (Per kg) Ammonium £13.15 (50-kg lots); potassium £6.90 (250 kg); sodium £9.85 (50 kg).
Iodine: Resublimed £9.70 kg in 250-kg lots; crude £9 in 500-kg lots.
Iodoform: USNF £17 kg in 50-kg lots.
Isoetharine hydrochloride: £125 kg for 1-kg lots.
Isoresonarine: Hydrochloride £75 kg; sulphate £65.
Kaolin: BP natural £173.40 per 1,000 kg; light £180.90 ex-works in minimum 10-ton lots.
Lactic acid: BP 88/90% £175 kg in 70-kg drum.
Lignocaine: (25-g) base £11.74 kg; hydrochloride £11.82.
Lobeline: Hydrochloride BPC and sulphate £1.49 per g for 100-g lots.
Methadone hydrochloride: £330 per kg. Subject to Misuse of Drugs Regulations.
Noscapine: Alkaloid: £33 kg for 100-kg; hydrochloride £36.30.
Opiates: (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £600-£604 as to maker; hydrochloride £520; Phosphate £460.50-£462; sulphate £520. Diamorphine alkaloid £821; hydrochloride £748. Ethylmorphine hydrochloride £585.50-£591. Morphine alkaloid £667-£668; hydrochloride and sulphate £544-£545.
Papaveretum: £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.

Pentobarbitone: Less than 100-kg £25.67 kg; sodium £25.71.
Pethidine hydrochloride: Less than 10-kg lots £51.30 kg. Subject to Misuse of Drugs Regulations.
Petroleum jelly: BP soft white grade 54 £466 metric ton delivered UK in 170-kg drums; yellow BP in grade 60 £466 in 174 kg drums.
Phenobarbitone: In 50-kg lots £8.12 kg, sodium salt £8.47.
Phenylephrine hydrochloride: £89 kg in 50-kg lots; £92 in 10 kg.
Pholcodine: 1-kg £538-£543 60-kg lots £493 kg. Subject to Misuse of Drugs Regulations.
Phosphoric acid: BP sg 1.750 £0.4815 kg in 38-drum lots minimum.
Phthalylsulphathiazole: 50-kg lots £8.95.
Physostigmine: Salicylate £2.48 per g; sulphate £3.37 in 100-g lots.
Pilocarpine: Hydrochloride £328 per kg; nitrate £308 kg for 1-kg lots.
Strychnine: Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg. 5-10 kg lots.

Crude drugs

Balsams (kg) Canada: Dearer at £11.90 on the spot; shipment, £11.80, cif. **Copaiba:** unquoted Spot and cif. **Peru** £9.85 spot; £9.60, cif. **Tolu** £6.15 spot.
Belladonna: (kg cif) herb £1.99½; leaves £2.24; root, £1.94 spot; £1.80, cif.
Benzoin: £207 cwt, cif.
Cherry bark: Spot £1,185 metric ton; shipment £1,145, cif.
Ginger: Cochin £415 metric ton spot shipment; £400, cif. Other sources not quoted.
Hydrastis: Spot £29.60 lb; £28.75, cif.
Liquorice roots: Root, no spot; £530 metric ton, cif. Block juice £1,400 metric ton spot; Spray-dried £1,550.
Lobelia: Unquoted.
Menthol: (kg) Brazilian £5.10 spot and cif. Chinese £4.60 spot; £4.40, cif.
Pepper: (metric ton) Sarawak black £750 spot, \$1,575, cif; white £1,050 spot; \$2,100, cif.
Seeds: (metric ton, cif). **Anise:** China unquoted for shipment. **Celery:** Indian £350. **Coriander:** Moroccan £180. **Cumin:** Indian £740. **Fennel:** Indian £450. **Fenugreek:** Moroccan £275; Indian £285.
Senega: Canadian £9.65 kg spot; £9.30, cif.
Senna: (kg) spot Alexandria pods hand-picked from £2 upwards; manufacturing £0.55. Tinnevely faq leaves £0.44; pods, faq £0.42; hand-picked £0.55.
Squill: Indian white £340 metric ton, cif.
Styrax: Turkish natural £5.40 kg spot.
Turnmeric: Madras finger £380 metric ton spot; £290, cif.

Essential oils

Almond: Sweet in 1-ton lots £1.40 kg duty paid
Anise: (kg) Spot £12.75; shipment £12.75, cif.
Bay: West Indian £10 kg spot; £9.90, cif.
Bergamot: From £48 kg spot nominal.
Bois de rose: £7.50 kg spot and cif.
Buchu: South African £115 per kg spot; English—distilled £180.
Cade: Spanish £1.90 kg spot.
Camphor: White £0.95 kg spot; £0.84, cif.
Cananga: Indonesia £13.75 kg spot; £13, cif.
Cardamom: English-distilled £185 kg.
Cassia: Chinese £52 kg spot; £50, cif.
Cedarwood: Chinese £1.20 kg spot; £1.10, cif.
Cinnamon: Ceylon leaf £2.65 kg spot; £2.45, cif, bark: English-distilled, £155.
Citronella: Ceylon £3.45 kg spot; £3.25, cif. Chinese £3.15 spot; £3.10, cif.
Clove: Indonesian leaf £1.45 kg spot; shipment £1.32, cif. English distilled bud £44.
Lemongrass: Cochin £4.50 spot; £4, cif.
Palmarosa: £12.50 kg spot; £11.50, cif.
Patchouli: Indonesian £13.50 spot; £12.50, cif.
Peppermint: (kg) Arvensis—Brazilian £4.50 spot and cif. Chinese £3 spot; £2.86, cif. American niperata £8.95, cif.
Petitgrain: Paraguay £8.20 kg spot; £7.50, cif.
Rosemary: Moroccan £6.80 kg spot; Spanish £7.50.
Spearmint: Chinese £7 kg spot; £6.80, cif. American £13 spot.
Thyme: Red £45-50% £18 kg spot; nominal.
Vetivert: Java £11 kg spot; £10.25, cif.

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X2—CLEVELAND—village
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posed very close to doctors surgery.
Turnover in 1979 £155,000 with
2,600 scripts per month. Spacious
premises with excellent living
accommodation potential. Freehold
property for sale at £31,000 and
stock at valuation approximately
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and fixtures in the region of
£38,000.

**X4—SOUTH MAN-
CHESTER**—main road premises
near health centre. Approximately

2,700 scripts per month and counter
turnover, running at some £2,200
per week, giving annual turnover
rate of £200,000. These large well
decorated and fitted out premises
are offered on lease at £2,500 per
annum and the business is for sale at
£55,000 for goodwill, plus £10,000
for fixtures and fitting together with
stock at valuation approximately
£25,000.

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RESORT**—This main road phar-
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population and seasonal trade.
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annum with approximately 3,500
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for the living accommodation if
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£42,500 plus stock at valuation
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Will advertisers please note that a com-
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Publication will be on December 20th
and the deadline for copy will be

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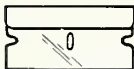
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